



California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

Pharmacy Intern Hours Affidavit

Completed by the Supervising Pharmacist or Pharmacist-in-Charge

Prior to receiving authorization from the board to take the pharmacist licensure examination required by section 4200 of the Business and Professions Code, applicants shall submit to the California State Board of Pharmacy satisfactory evidence of obtaining 1,500 intern hours of pharmacy practice experience when he or she submits the pharmacist application. This affidavit must be completed by the pharmacist under whose supervision such experience was obtained or by the pharmacist-in-charge at the pharmacy while the pharmacist intern obtained the experience. Original affidavits are required. Photocopies or faxes will not be accepted. Any pharmacist alterations or changes must be initialed by the supervising pharmacist or pharmacist-in-charge. All dates must include the month, day, and year in order for the form to be accepted (present or current will not be accepted).

A. TO BE COMPLETED BY APPLICANT: (Please print or type)

Name of Applicant:	Intern Number	Date Issued	Expiration Date
Residence Address:	Number and Street	City	State Zip Code

B. TO BE COMPLETED BY THE SUPERVISING PHARMACIST OR PHARMACIST-IN-CHARGE

Name of Pharmacy		Pharmacy License Number	
Address of Pharmacy	Number and Street	City	State Zip Code
Name of Supervising Pharmacist or Pharmacist-in-charge	Pharmacist Contact Phone Number ()	Pharmacist License Number	State Licensed

This is to certify that _____ was employed or volunteered as an intern pharmacist during the time set forth as follows:

From: ____/____/____ to ____/____/____
 (month/day/year) (month/day/year)

A total of 1,500 intern hours is required but does not have to be obtained in one pharmacy location. Please indicate below the number of hours the intern pharmacist obtained while under your supervision.

_____ Number of hours of pharmacy practice experience obtained in a pharmacy.

_____ Number of hours of pharmacy practice experience substantially related to the practice of Pharmacy. NOTE: A maximum of 600 hours may be granted at the discretion of the board.

I certify under penalty of perjury under the laws of the State of California that all statements given under section "B" of this form herein are true, and that to the best of my knowledge the experience thus gained by this applicant meets the pharmacy practice experience obtained in a pharmacy as required by law. I further certify that my license is not revoked, suspended, or on probation in any state in which I am now or have been registered.

 Pharmacist's Signature Date
 17A-29 (6.13)